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CONFIRMATION NO. 1645

<b>SERIAL NUMBER</b> 10/673,671	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> UTXC:561USC1
<b>APPLICANTS</b> K. Jagannadha Sastry, Bastrop, TX; Ralph B. Arlinghaus, Bellaire, TX; Pramod N. Nehete, Bastrop, TX;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/440,772 11/16/1999 PAT 6,656,471 which claims benefit of 60/108,563 11/16/1998 and claims benefit of 60/115,175 01/08/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Nicole Berseny</i> Allowance/ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 25
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 32425				
<b>TITLE</b> HIV-specific T-cell induction				
<b>FILING FEE RECEIVED</b> 505	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	